

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 000716 FILING DATE 1-5-93
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2	1		1				52						
3	1		1				53						
4		3		2			54						
5	1		1				55						
6	1		1				56						
7	1		1				57						
8		3		2			58						
9		1		1			59						
10		1		1			60						
11	1		1				61						
12		1		1			62						
13			1				63						
14				1			64						
15							65						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6		7				TOTAL IND.						
TOTAL DEP.	9		9				TOTAL DEP.						
TOTAL CLAIMS	15		16				TOTAL CLAIMS						

BEST AVAILABLE COPY

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